

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: AngelEyes Maternity Home</b> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	487 SW Ward Road. Lee's Summit, MO 64018
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton (816) 806-4168 marsha@allianceforlifemissouri.com
Title/Name of Service/Contract	N/A
Dates of Service/Contract:	N/A
If service/contract has terminated, specify reason:	N/A
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	N/A
Size of Service/Contract (in terms of vendor's total amount of business)	N/A
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	N/A
Personnel Assigned to Service/Contract (include position title):	N/A